

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3676
WEB ADDRESS: <http://www.dca.ca.gov/cba>



Certificate of General Experience – Non-Public Accounting
Form 11A-29A (Revised 4/05)

Purpose: To provide evidence of an applicant's nonpublic accounting general experience.

Applicability: Type A, B, C, and E applicants and F licensees (see reverse.)

Who Completes: The licensed CPA holding a valid license to practice public accounting who supervises the applicant's performance of services provided. A second person with a higher level of responsibility in the nonpublic accounting business must also verify the applicant's experience. If the licensee who supervises the applicant is the owner of the business, no second signature is required.

Required Action: Complete and verify your supervision of the applicant's general experience.

When: Upon the applicant's request. Failure to submit the Certificate of General Experience – Nonpublic Accounting is viewed by the Board as an attempt to impede the applicant's certification and may result in disciplinary action.

Submit To: California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, California 95815-3832

Authority: Business and Professions Code, Sections 5092, 5093 and 5095, and Sections 11.5, 12 and 12.5 of Title 16 of the California Code of Regulations.

TYPES OF LICENSURE APPLICANTS

- Type A An applicant who **passed the Uniform CPA Exam in California** and is applying for licensure as a CPA in California for the first time.
- Type B An applicant who **passed the Uniform CPA Exam in a state other than California** and has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time.
- Type C An applicant who **passed the Uniform CPA Exam in a state other than California** and was issued a valid license to practice public accounting in a state other than California.
- Type D An applicant who **previously was licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- Type E An applicant who **passed the** Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (**CAQEX**) of the American Institute of Certified Public Accountants (AICPA) **or** the International Uniform Certified Public Accountant Qualification Examination (**IQEX**) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- Type F A California licensee originally issued a license to perform general accounting services who has now completed attest experience.

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250

SACRAMENTO, CA 95815-3832

TELEPHONE: (916) 263-3680

FACSIMILE: (916) 263-3676

WEB ADDRESS: <http://www.dca.ca.gov/cba>**CERTIFICATE OF GENERAL EXPERIENCE (NON-PUBLIC ACCOUNTING)****This form is to be COMPLETED and MAILED directly to the Board**

PRINT OR TYPE

FULL NAME OF APPLICANT: (NO Initials) (First) (Middle) (Last)				SOCIAL SECURITY #				
<p align="center">Applicant's general experience while in your employment.</p> <p align="center">List the dates applicant was under your supervision and obtained qualifying experience as defined below.</p> <p>I. PERIOD OF EMPLOYMENT</p>								
FULL TIME	FROM (MO/DAY/YR)	Dates	TO (MO/DAY/YR)	PART TIME	FROM (MO/DAY/YR)	Dates	TO (MO/DAY/YR)	TOTAL PART TIME HOURS
<p>II. Is the applicant related to anyone in your firm? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, explain relationship) _____</p>								

GENERAL EXPERIENCE CERTIFICATION

General experience may include providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. To qualify, experience shall have been performed in accordance with applicable professional standards.

If an applicant is performing attest services as part of the general experience, it must be performed under the supervision of a licensee who has satisfied the attest experience requirement.

A licensee who obtains licensure without satisfying the attest experience requirement (Section 12.5 of Title 16 of the California Code of Regulations) cannot sign attest reports of any kind unless the licensee subsequently satisfies the attest experience requirement.

BUSINESS NAME	BUSINESS TELEPHONE: Area Code ()
ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	

Section 12 of Title 16 of the California Code of Regulations requires that experience be verified by a supervisor holding a valid license or comparable authority to practice public accounting and a second person with a higher level of responsibility in the business/agency. If the licensee supervisor is also the owner of the business/agency, no second signature is required.

I hereby certify, under penalty of perjury under the laws of the state of California, that the applicant has been supervised by me or my business/agency for the period indicated herein.

SIGNATURE #1 (Supervisor) (DO NOT USE BLACK INK)	LICENSEE SUPERVISOR – (Must be a licensee who supervised applicant)
PRINTED NAME	CERTIFICATE NO. _____ CPA <input type="checkbox"/> PA <input type="checkbox"/>
DATE:	U.S. STATE OF ISSUANCE _____ ARE YOU THE OWNER? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are not the owner, Signature #2 section must be completed.
SIGNATURE #2 (DO NOT USE BLACK INK)	Must have a higher level of responsibility in the business/agency than signer #1.
PRINTED NAME	CERTIFICATE NO. (if applicable) _____ CPA <input type="checkbox"/> PA <input type="checkbox"/>
TITLE	U.S. STATE OF ISSUANCE _____
DATE	

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete.

Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act.

The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.